

**Return to: Division of Water  
Drinking Water Branch  
14 Reilly Road  
Frankfort, KY 40601**

## **DRINKING WATER SANCTION EXCEPTION FORM**

**FROM:**

Water System: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**FOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

# of Occupants: \_\_\_\_\_

Water Usage (gpd): \_\_\_\_\_

Sanction Type: ☐ Water Line Extension

Structure Type: ☐ Apartment Complex

☐ Restaurant

☐ Water Line Tap

☐ House

☐ Factory

Exception to a sanction will be considered for the following conditions. Check the appropriate box and submit the required information to the address listed below.

- |  |  |
|--|--|
| <input type="checkbox"/> Corrections implemented at the water treatment plant or distribution system have rectified some or all of the problems outlined for the sanction being imposed. Submit a list of the specific corrections and the completion date.  | <input type="checkbox"/> Proposed structure replaces an existing structure currently connected to the water system. This change is essentially relocating a meter without an increase in water demand.   |
| <input type="checkbox"/> The Division of Water granted approval for the project prior to the sanction being imposed. Submit the plans and specifications DW number approved by the Drinking Water Branch or the State Clearinghouse SAI number for the Federal Assistance Request.   | <input type="checkbox"/> Structure had water service or a tap-on fee paid prior to the date of the tap-on sanction. Submit a dated receipt or a notarized affidavit from the water utility stating that the entire fee was received and the date the fee was paid. |
| <input type="checkbox"/> For requests to remodel a structure currently receiving water service identify how the structure will be altered. Consideration will be given to the type and amount of flow to be generated by the addition. Submit a notarized affidavit from the water utility stating that water service is currently being received. | <input type="checkbox"/> Building/Plumbing permit was issued prior to the date of the sanction. Submit a copy of the dated permit.   |
|  | <input type="checkbox"/> Medical reasons verified by a doctor, such as treatment and care of a chronic illness.  |
|  | <input type="checkbox"/> Other. Provide a detailed explanation and all supporting documentation.   |

Each request must be accompanied by the required information to warrant consideration. The Division of Water will notify the water utility and, where appropriate the Division of Plumbing once a decision has been reached. Questions regarding this request should be directed to Amanda Yearly, Drinking Water Branch, at (502) 564-3410.

\*This form will not be reviewed unless signed by an authorized representative of the water utility or documented that the water utility refused to submit necessary information.

\_\_\_\_\_  
Signature of authorized representative

Form Revised 1/25/2000